

Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

Office of Campaign and Political Finance

Commonwealth of Mazzachusetts	35							
Office of Campaign and Po One Ashburton Place Boston, MA 02108 (617) 727-8352.	litical Finance	Ω_{α}	1 21 7	×9 (2		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
1. Date of Report:		(Must be filed within 7 business days of expenditure(s) in excess of \$100.00 in aggregate)						
2. Expenditure(s) Made By:		Massachusetts Nurses Association (Name of individual or group making expenditure)						
	phone of the same	Street	enpike St., Address	City/To	own	02021 Zip	3	
3. Name of Cand	lidate(s) For Who	m the Abov	e Expenditure(s) Election	on or Defeat Pron	noted: tei Per	<u> </u>	***	
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4. Expenditure(s): 						÷ 19	
Date Paid	To Whom	Paid	Address	, I	urpose	44.33		
10/27/06	10/27/00 Saltus Press		24 Jolma Rd.	Mailing		179.00		
10/			Worcester, 01604				1	
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(1) the individual contemplation (2) the individual or at the requirement of a contemplation (2).	al(s) or group who on of such expendi al(s) or group who uest or suggestion andidate or any po	made the e ture(s); and made the e of any can ditical comm	didate, or political committee in making such ex	herein did not so herein did not co nittee organized o ependiture(s).	licit or receive any	y contributions in	1	
I further certify that all statements made herein are true and account					r	÷ .		
Signed under the Signature	he penalties of pe		b	rint Name of Indi half of a group)	Legislation a	and Government Title (if signing on	_Affai _	
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